

FERENCE & ASSOCIATES  
Amendment Transmittal

Atty. Docket No. JP919990158  
(590.034)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of : Kusuda et al.  
Serial No. : 09/710,479 Examiner : G. Gauthier  
Filed : November 11, 2000 Group Art Unit : 2645  
For : APPARATUS AND METHOD FOR RECORDING URL TOGETHER  
WITH VOICE MESSAGE IN A BROWSER EQUIPPED  
TELEPHONE

HON. COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

RECEIVED

MAR 20 2003

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on March 7, 2003 with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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5. ☒ Also enclosed: Change in Correspondence Address
6. ☐ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	15	-	** 15	=	* 0	x	\$9	=	O	x	\$18	=
Ind.	3	-	*** 3	=	* 0	x	\$42	=	O	x	\$84	=
Claims									R			
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$140	=	O	+	\$280	=
									R			
							<b>TOTAL</b>	= \$	O		<b>TOTAL</b>	= \$
									R			

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space  
\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$\_\_\_\_\_ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$\_\_\_\_\_ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

ERENCE & ASSOCIATES

Dated: 7-March-2003

By Stanley D. Ference III  
Stanley D. Ference III  
Reg. No. 33,879

Mailing Address:

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